

PTO/SB/81 (01-08)

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|---|----------------------|-------------------|---|--|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | | 10/822,074-Conf. #2100 | |
| | Filing Date | | April 9, 2004 | |
| | First Named Inventor | | Birgit Neudecker | |
| | Title | | TOPICALLY APPLIED IDEBENONE-CONTAINING AGENT WITH PROTECTIVE AND, REGENERATIVE EFFECT | |
| | Art Unit | | 1616 | |
| | Examiner Name | | Not Yet Assigned | |
| Attorney Docket No. | | 20806/1204971-US1 | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 0727B

OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name: Erik R. Swanson
DARBY & DARBY P.C.

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City: New York State: NY Zip: 10160-5257

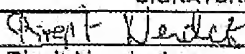
Country: US Telephone: (212) 527-7700 Email:

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|---------------------|
| Signature |  | Date | 4/18/04 |
| Name | Birgit Neudecker | Telephone | 1049-89-95 95 94 39 |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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| | Examiner Name | Not Yet Assigned | | |
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OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
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| Country | US | Telephone | (212) 527-7700 | Email | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-----------------------|-----------|---------------------|
| Signature | <i>Falko Diedrich</i> | Date | 6/18/06 |
| Name | Falko Diedrich | Telephone | 0049-89-95 95 94 39 |
| Title and Company | | Inventor | |

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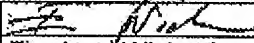
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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-----------------|
| Signature |  | Date | 10/25/06 |
| Name | Eberhard Wieland | Telephone | 49-711 86 75891 |
| Title and Company | Inventor | | |

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